

MAR 23 1931

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

4583

1. PLACE OF DEATH

16 County Boone  
2 Township  
8 City Columbic (No. ....)

Registration District No. 73  
Primary Registration District No. 3006

File No. ....  
Registered No. 40  
St. .... Ward)

2. FULL NAME Mrs. Blanche Howard Stephens

(a) Residence. No. 203 Tully St.,          Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. F. Stephens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
56 - 9 - 13

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Wife 235  
(b) General nature of industry, business, or establishment in which employed (or employer) ..  
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Cedar Rapids  
(STATE OR COUNTRY) Iowa 2

10. NAME OF FATHER W. H. Howard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Peoria  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary A Vance

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Canada 5  
(STATE OR COUNTRY)

14. INFORMANT Mrs. L. F. Stephens  
(Address) Columbic Mo 203 Tully

15. FILED 2/19/31 1931 F. C. Suggitt REGISTRAR  
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-17-1931  
17.

I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to Feb 17, 1931 that I last saw h. al alive on Feb 16, 1931, and that death occurred, on the date stated above, at One o'clock a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
87.5  
87.5 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Cerebral thrombosis (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH? No DATE OF ..

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS clinical & physical  
(Signed) Naergo Robert, M. D.

2/17, 1931 (Address) Columbic Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calum Cemetery DATE OF BURIAL 2-18-1931

20. UNDERTAKER Lowell Hays ADDRESS Columbic

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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